

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
<b>CLAIMS</b>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2		1					52	
3		1					53	
4		1					54	
5		1					55	
6		1					56	
7		1					57	
8		1					58	
9		1					59	
10		1					60	
11	1						61	
12		11					62	
13		11					63	
14		10					64	
15		10					65	
16		11					66	
17		1					67	
18		1					68	
19		1					69	
20		1					70	
21		1					71	
22		3					72	
23		3					73	
24		1					74	
25		1					75	
26		1					76	
27		1					77	
28	1						78	
29		1					79	
30		2					80	
<del>31</del>							81	
32	1						82	
<del>33</del>							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	4						TOTAL IND.	
TOTAL DEP.	49						TOTAL DEP.	
TOTAL CLAIMS	51						TOTAL CLAIMS	

5/4